

NOTES AND MEMORANDA

Sex Education

IN an address to the World Congress for Sexual Reform and Sex Education (Copenhagen, July, 1928) Mrs. O. A. Merritt Hawkes said that efforts should be made to introduce courses of anatomy and physiology into schools.

"Such courses could surely only have excellent results for they would give each child a wise knowledge of himself as a machine, from which he must aim at getting the maximum efficiency. Every child could then see itself as a number of parts, brain, alimentary canal, heart and blood vessels, muscles, reproductive organs, etc., which must all work together harmoniously if the optimum results are to be obtained. The child would cease to regard the reproductive organs as very much by themselves and would then be able to accept them as playing their limited part in the human machine. 'The Facts of Life' would no longer be falsely limited to the reproductive system, but would include the whole organism. It is only by such balanced biological knowledge and outlook that we can ever arrive at a full and happy life.

"Following a general course of anatomy and physiology, which must start in the simplest way directly a child goes to school and which, like any other subject, increases in difficulty year by year, there should be a special course on sex to prepare the adolescent. The school would do well to have the courage to give this course early enough for the student to get mentally prepared for the changes which will soon take place in both body and mind; early preparation is more than half the battle, so it is better to be too early, if such a thing is possible, rather than too late.

"In teaching the budding adolescent about sex certain ideals of conduct should be put before the young people. It is useless to say to the inexperienced, 'Go free, choose what you will,' for they need and desire some suggestive guidance. At the moment, the whole question of sex morality is in the

melting pot, for birth control has struck at the basis of the old foundations upon which our morality has stood. The adolescent wants creative ideals and ideas about sex just as about citizenship, international relationships, eugenics, etc. This course would include some instruction about parenthood, eugenics, the race.

"But before the child comes to school it is at home with its parents and from them receives its earliest and possibly most vivid impressions, so, for the sake of the children, this Congress should do something to help the parents. . . . It could perhaps best do so by appointing a committee to prepare a suitable and authoritative book which could be translated into many languages. The book must be the combined work of the biologist and the psychologist. The teaching of the anatomy and physiology of sex is easy, for we have our facts, but there is, as yet, by no means sufficient knowledge of *normal* sex psychology.

"I would like to protest against the older approach to human sex knowledge by starting with plants and passing upwards through insects, birds and beasts to man. Such collateral facts are useful in placing sex on a sound biological basis and for showing development. But, at bottom, this method is really due to fear and shame. The time has surely come when we can teach, and make people believe, that sex in human beings is just as decent as in a rose. It is just this sense of decency which is so difficult to reach, but most adults at this Congress have had to pass through the mud of their early education to their present honest and pleasant enlightenment. We want the children to have the honesty and enlightenment without the early struggles in the mud.

"Doctors are one of the classes who need instruction. A large number still go out into the world very unprepared to deal with sex problems either in their own lives or in those of their patients. They have some knowledge of male sex psychology, but almost none, and that little often untrue, of

female sex psychology. As human happiness or misery in this matter depends upon a combination of the two points of view and the reactions of the two sexes, this lack of knowledge of one sex is serious. . . . Doctors need appreciation of what, for lack of a better term, I must call the normal.

"Lastly we might try to get instruction for lawyers to whom emphasis would have to be laid on the sexually pathological. Without such knowledge the administration of the law is often unjust and destructive. With such knowledge our lawyers might alter laws which at present put certain classes of delinquents into a prison instead of into a mental hospital."

Birth Control Difficulties

"A FEW facts emerge clearly. The foremost difficulty is the absence of any contraceptive method so simple and so effective as to meet the needs of the over-tired, feckless, under-housed, unintelligent or mentally deficient woman. This lack was mentioned in our previous report, and the experiences of the intervening year have convinced us anew that the class whom it is most desirable to restrain from propagating will not be adequately reached until some new and simpler method of contraception has been devised. . . .

"Special care has been taken to gather and analyse data concerning . . . pregnancies which occurred *after* the patient had been taught the use of a contraceptive. . . . About 30 per cent. of the first year's cases became pregnant. Of these only six could be found who claimed to have used the pessary as directed followed by douching."—*Annual Report (1927-28), Cambridge Women's Welfare Association.*

"As far as I can ascertain from the return visits, the four or five failures known to have occurred, are attributable to confessed omission to carry out all instructions."—*Medical Officer of the Manchester, Salford, and District Mothers' Clinic.*

The Report (1927-28) in which this passage occurs also gives the following analysis of new cases :

Number	...	...	...	334
Previous pregnancies	...	...	...	1,349
Abortions and miscarriages	151			
Still-births	...	...	...	33
				184
Children born alive	...	...	...	1,165
Died under one year	...	...	...	80
Died since	...	...	...	35

"Infant mortality," it continues, "is reckoned per thousand live births, thus in these cases the official figures would be 80 deaths in 1,165 cases, or 68.7 per thousand, whereas the real wastage is 264 in 1,349 pregnancies, or 195.7 per thousand."

A eugenist might, perhaps, be pardoned for a sense of relief at this revelation that natural selection, however ruthless, is still at work. But the previous year's Report shows that of "274 miscarriages, 68 were definitely recorded as self-induced abortions." The implication is that the real proportion is very much higher. Natural selection, therefore, has probably very little to do with this high rate of pre-natal mortality.

E. M.

Defects in School Children

"THE bureau of physical welfare of the Cleveland Board of Education reports that examination of nearly 73,000 school children from the kindergarten and early school grades showed that at least seven out of every ten had physical defects. Nearly one-sixth were suffering from malnutrition, largely because of wrong choice of food rather than poverty; 32,000 children had defective teeth, 7,000 had goitre, 1,600 had heart disease, and 2,000 had defective hearing. Nearly 20,000 children of fourteen to eighteen years who applied for work permits showed, in general, a still larger percentage of defects."—*U.S. Children's Bureau, Weekly Notes.*

Congenital Deafness

ALMOST half of a typical group of nearly 4,700 children of twelve years or over in certain representative schools for the deaf were reported as born deaf, and four-fifths were

deaf before their fifth year, according to the National Research Council's (U.S.A.) report of its survey of schools for the deaf. Meningitis, scarlet fever, measles, falls and blows, and whooping cough are given as the chief causes of deafness which is not congenital.—*U.S. Children's Bureau, Weekly Notes, 3/7/28.*

One-Sex Families

A CORRESPONDENT has been kind enough to send us a clipping from the *Toronto Globe*. It records an unusual family pedigree with the suggestion of a sex-limited lethal factor. A Mr. and Mrs. John Clinton have just had a daughter who is probably the first girl in the Clinton family for seven generations, certainly for four. Mr. Clinton was one of four boys, his father one of six, and his grandfather one of two.

An American agency reports a similar family. The founder was the youngest of nineteen boys. He, in turn, had twelve sons. One of these had one son, and he had three. Further details are lacking.

E. M.

'Criss-Cross' Inheritance?

Evidence pointing to mental deficiency as a type of sex-linked character and to its tendency to alter the sex-ratio at birth is contained in the Annual Report of the Birmingham Special Schools After-Care Committee.

M.D. fathers had 151 girls and 133 boys, while M.D. mothers had 103 boys and 87 girls. The sex is not known, however, of 40 more children—20 to the fathers and 20 to the mothers. These results confirm previous inquiries.

The Report continues, "It is of interest to note that the reports this year again bear out the tendency which was observed from the first inquiry three years ago, as to the deficiency of the parent emerging with more frequency in the children of the opposite sex. Of . . . 15 cases . . . sub-normal, 7 were born to mentally defective mothers and 8 to mentally defective fathers. All the children born to mentally defective mothers (7) are boys. . . . Of the 8 sub-normal

children born to mentally defective fathers 6 are girls and 2 are boys."

These are only two of many points of interest in this Report, one of the best and most useful issued by English local authorities. Perhaps the most depressing aspect is the number of M.D.'s in institutions—597, or less than 14 per cent. of the total (not 16 per cent., as stated in the table on p. 14). This is virtually the same as last year, and is probably a higher percentage, owing to the generally enlightened attitude of the Birmingham authorities, than would be found anywhere else in the country. Moreover, if 86 per cent. of those M.D.'s who have been at the special schools are thus at large and free to propagate, what must be the total numbers and proportions, known and unknown? Those known to have married number 284—6.6 per cent.—and have so far produced 514 children, an average of 1.8 children per family. Practically all these families are as yet in a very early stage, so the figures give no indication of completed fertility. For the same reason it is so far impossible to tell the mental condition of most of the children; 344 are below the age of five. Of the 170 over five years old, 115 are known to be attending ordinary Elementary Schools, and reports do not indicate what schools, if any, another 39 are attending; 5 are at work (no further details), and 11 are defective. Of the children under five years, 5 are already reported to be sub-normal.

If mental defect was a single disease of a simple recessive character, none of these children would be defective. But this Report, like so many others, shows that there are probably many types of mental defect. One might even be justified in hazarding the suggestion that a gene which is recessive in some matings, may be semi-recessive or dominant in others—the child of the marriage between an M.D. and a 'chronic pauper' is probably more likely itself to be defective than the child of the marriage between the same M.D. and a skilled, fully-employed workman. The latter is the greater danger, being more likely to live to the end of the reproductive

period and to bequeath the recessive genes to several children. Indeed, it is doubtful whether mental defect would be more than a rare occurrence if it were not thus spread by heterozygotes, who each generation give it a new lease of life.

This Report throws interesting light on the quite common belief that the mentally defective, as hewers of wood and drawers of water, are useful members of society. The percentage of those doing remunerative work is 45—the highest figure yet touched—and their average weekly wages are 26s. 7d. (males 31s. 3d., females 20s. 7d.). In short, less than half of these individuals, whose training has cost between three and seven times the money spent on a normal child, are able to do remunerative work; and even then the value of the work is only about half that of normal individuals. Of the remainder, 15 per cent. are described as “useful at home,” a vague term which in most cases means that the individual can wash dishes, scrub the floor, and run a simple errand. It is exceedingly doubtful whether either the wage-earners (bar one or two exceptions) or those “useful at home” ever produce one-half of the cost of their own keep or care. The remaining 40 per cent. are utterly useless and most often require a lot of extra care.

Doubtless one hundred or more years ago, when life made fewer mental demands, there was a niche for the ‘highgrade’ feeble-minded individual who possessed enough physical vitality to survive the years of high infant and child mortality. He was then, in comparison with his times and fellows, not sub-normal, but ‘dull normal,’ and, as such, useful. But, one hopes, there has been a little mental evolution since then: certainly, while living is easier, successful life and work daily demand better, not worse, minds.

E. M.

English Vital Statistics

The following are extracts from the *Quarterly Return of the Registrar-General* for the second quarter of 1928.

The natural increase in England and Wales was 56,493, as against 73,646,

67,523, and 63,472 in the second quarters of 1925, 1926, and 1927.

Deaths (excluding stillbirths) numbered 114,748, and were 21,567 less than in the preceding quarter, but 7,140 more than in the second quarter of last year. They correspond to a provisional annual rate of 11.7 per 1,000 of the estimated population. The rate was .7 per 1,000 above that of the second quarter of last year.

Live births numbered 171,241, and were 3,142 more than in the first quarter, and 161 above the number recorded in the second quarter of 1928. “This is the first occasion since 1920 that the births in the second quarter of the year have shown an increase when compared with the number registered in the corresponding quarter of the previous year. This arrest in the rate of decline of the birth-rate may, however, be due in some measure to the increase in the number of marriages solemnized in the year 1927.” But the rate per 1,000 of the estimated mid-year population is the same as last year—17.5.

It is interesting that the number of illegitimate live births totalled 7,669, or 168 more than the number in the second quarter of last year. Hence, legitimate births were 7 less than last year.

Infant mortality was 60 per 1,000 births—12 per 1,000 below the average of the ten preceding second quarters.

In 1927, according to the *Statistical Review* for that year, the crude birth rate per 1,000 was 16.6, the lowest rate ever recorded, with the smallest number, 654,172, since 1855, when the population was just under nineteen million. The standardized death rate was 10.6 per 1,000 living, .5 above the 1926 rate. Infant mortality was, as in 1926, 70 per 1,000 births.

E. M.

Eugenic Aspects of Mormonism

In an address of the above title to the *American Eugenic Society*, Mr. Roswell H. Johnson said that even in the Mormon State the sentimental, uncritical, and dysgenic attitude towards mental and physical defect prevails. These creatures are kept alive,

with few precautions against their procreation.

Mr. Johnson also finds fault with the Mormon Church's opposition to birth control, which, he says, results in maintaining the high fertility of the backward. But in other ways Mormonism is eugenic in theory and practice. It advocates large families: indeed, the average size is 5.75 children in the city, and 7.63 in the country, while that of the Latter-day Saint parents of 202 students at a summer school was 5.46. Protestant parents had only 3.77.

Fecundity and survival rate are both high. Early marriage is encouraged, eugenic mating preached, and "every young person is provided a wider acquaintance with eligibles of the other sex than is to be found in any other cult known to me."

E. M.

German Birth Rate Decline

Year	Births (per 1000)	Deaths (per 1000)	Infant Mortality (per 1000 births)
1875	40.6	27.6	243
1900	35.6	22.0	226
1913	27.5	15.1	151
1920	25.9	15.1	131
1921	25.3	14.0	134
1922	22.9	14.4	130
1923	21.0	13.9	132
1924	20.5	12.3	109
1925	20.7	11.9	105
1926	19.5	11.7	102
1927	18.3	12.0	97

C. T.